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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Known					
						10/561.440-Conf. #6373			
				- Ippiroditor (torribor		December 20, 2005			
· — — · · · · · · · · · · · · · · · · ·				First Named Inv		Giancarlo BRUN			
For FY 2009				Examiner Name J. M. Krause					
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit 3682					
TOTAL AMOUNT OF PAYMENT (\$) 351.00				Attorney Docket No.		4284-0102PUS1			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify)									
X Deposit Account Deposit Account Number 02-2448 Deposit Account Name, Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fe									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH	I, AND EX	AMINATION FE	ES						
ζ.	FIL	ING FEES	SE	ARCH FEES	EXAMIN.	ATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (S	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)		
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	()	0	0	0			
2. EXCESS CLAIM FEES							Small Ent	tity	
Fee Description							Fee (\$) Fee (\$)	ì	
Each claim over 20 (including Reissues)							52 26		
Each independent claim over 3 (including Reissues)							220 110 390 195		
Multiple dependent claims 390									
Total Claims Extra Claims Fee (\$)			F			Multiple Dependent Claims			
HP = highest number of total clai	11	x <u>26</u> =		286.00	Fee	<u>· (\$)</u> <u> </u>	Fee Paid (\$)		
	tra Claims	Fee (\$)	F	ee Paid (\$)					
2 -3 or HP =	0	x =		and the state of t					
HP = highest number of indepen	dent claims p	aid for, if greater tha	n 3.	**************************************					
3. APPLICATION SIZE FEE If the specification and dra listings under 37 CFR	awings exc								
sheets or fraction there					or sman co	ary) ka caen a	JURIOREI DO		
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = /50 = (round up to a whole number) x							Fee Paid (\$)		
4. OTHER FEE(S)							Fees Paid (\$)		
Non-English Specification. Additional Claim Fee							286.00		
Other (e.g., late filing surcharge): 2251 Extension for response within first month							65.00		
SUBMITTED BY									
Signature (2008)	1. 3.	14.13		Registration No (Attorney/Agent)	39,538	Telephone	(703) 205-8000		
Name (Print/Type) James T			Date	March 27, 2009					
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